

<p style="text-align: center;"><b>CHANGE OF CORRESPONDENCE ADDRESS Application</b></p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">10/580,151</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">May 18, 2006</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Sevn Henry FRANDSEN</td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;">CM06621EC</td> </tr> </table>	Application Number	10/580,151	Filing Date	May 18, 2006	First Named Inventor	Sevn Henry FRANDSEN	Art Unit	-	Examiner Name	-	Attorney Docket Number	CM06621EC
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Filing Date	May 18, 2006												
First Named Inventor	Sevn Henry FRANDSEN												
Art Unit	-												
Examiner Name	-												
Attorney Docket Number	CM06621EC												

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number 24273

**OR**

☐ Firm or Individual Name Barbara R. Doutre, Esq.  
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 39,505

☐ Registered practitioner named in the application transmittal letter in an Application without an executed oath or declaration. See 37 CFR 1.33 (a)(1).  
Registration Number \_\_\_\_\_

Signature /Barbara R. Doutre/

Typed or Printed Name Barbara R. Doutre

Date May 2, 2007 Telephone 954-723-6449

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.